PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TC	TAL CLAIMS						Γ	RATE	FEE	1	RATE	FEE
FOR NUMBER FILED					NUMB	ER EXTRA	E	SASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS minus 20=					*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 =					*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							•	SMALL E	NTITY	OR	OTHER SMALL	
A		CLAIMS REMAINING AFTER AMENDMENT		HIGH	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ.	Total	* 17	Minus	** 2	0	= /		X\$. 9=		OR	X\$18≑	•
AMENDMENT.	Independent	• 3	Minus	*** 3		=/		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT					<u> </u>		+140=		OR	+280 <u>=</u>	
							L Δ1	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	·	(Colu	mn 2)	(Column 3)	1					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
	; · · .						AL	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOP	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
WE	Independent	*	Minus	***		=		X42=		OR	X84=	
<u>'</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	.140-	·	•	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140= TOTAL	<u>; </u>	OR	+28U= TOTAL	
**	f the "Highest Nu If the "Highest Nu	mber Previously Pa	aid For IN THIS	S SPACE I S SPACE I	s less tha Is less tha	n 20, enter "20.' n 3. enter "3."		DIT. FEE L			ADDIT. FEE	
The "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number

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		N. A1840 AC	CHED D	ADT	1				CITO/		OTHER	THAN
CLAIMS AS FILED - PART I (Column 1) (Colu					(Colum	nn 2)		TYPE		OR	SMALL E	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOF	₹		NUMBER FII	NUMBE	R EXTRA		BASIC FEE		OR	ASIC FEE	890	
тот	TAL CHARGEAB	LE CLAIMS	29 minus 20= * - 0			9		X\$ 9=		OR	X\$18=	162
	EPENDENT CLA		3 minus 3 = *				X42=	•	OR	X84=		
	MULTIPLE DEPENDENT CLAIM PRESENT					Marie Contraction	0	+140=		OR	+280=	280
*1	*If the difference in column 1 is less than zero, enter "0" in column 2 512 Teen new clause are can celed.						₹.	TOTAL		OR	TOTAL	1332
CLAIMS AS AMENDED - PART II							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
ATA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· 16	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	. 3	Minus	***	UT OL AIM	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	IULTIPLE DEP	ENDE	NT CLAIM		L	+140=		OR	+280=	y
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3											
NT B		CLAIMS REMAINING AFTER AMENDMENT		HI NI PRE	GHEST JMBER VIOUSLY JID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	**	Minus	***	NE CLAIN	=	4	X42=		OR	X84=	
	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDE	INT CLAIV	<u>"L</u>		+140=		OR	+280=	
	- ··							TOTAL ADDIT. FEE		OR	TOTA ADDIT. FE	
		(Column 1)	(Co	olumn 2)	(Column	3)_					
NT C	Signal Special Control of the Contro	CLAIMS REMAINING AFTER AMENDMEN		H N PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONA FEE
TNEWDMENT	Total	*	Minus	**		=		X\$ 9=		OF	X\$18=	=
	Independent	*	Minus	***		=	_	X42=		OF	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	1	OF		
	* If the entry in co	lumn 1 is less tha	an the entry in co	olumn 2,	write "0" in	column 3.	"20 '	TOTA		OF	` L	AL
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												